FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPE	ROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average bur hours per response	16.00
SEC USE	ONLY
Prefix	Serial
1	
DATE REC	EIVED

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	_
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Offer and Sale of Limited Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer.	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Lighthouse Capital Partners VI, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code	
20 University Road, Suite 460, Cambridge, MA 02138 617-441-9192	
20 University Road, Suite 460, Cambridge, MA 02138 Address of Principal Business Operations (if different from Executive Offices) PROPERTY MEDITAL Street, City, State, Zip Code) Telephone Number (Including Area Code)	
(if different from Executive Offices)	
Brief Description of Business JUN 0 7 2001	
Structured Venture Capital Investments THOMSON	
Type of Business Organization FINANCIAL	
☐ corporation ☐ limited partnership, already formed ☐ other (please specific): MAY 3 0 2007	
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction) D E	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be rnanually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDENTI	FICATION DATA		
 Enter the information requested for the fe Each promoter of the issuer, if the issuer Each beneficial owner having the power Each executive officer and director of co Each general and managing partner of power 	r has been organized within the p to vote or dispose, or direct the or orporate issuers and of corporate	vote or disposition of, 10% or t		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Lighthouse Management Partners VI, L.L.				<u>.</u>
Business or Residence Address (Number and				
20 University Road, Suite 460, Cambridge,				Managing Member of
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Barnes, A. Christy				
Business or Residence Address (Number and				
20 University Road, Suite 460, Cambridge,				Managing Member of
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)				
Griffor, Jeffrey A.				
Business or Residence Address (Number and				
20 University Road, Suite 460, Cambridge,	MA 02138			Managing Member of
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)				· ·
Hazen, C. Edward				
Business or Residence Address (Number and	Street, City, State, Zip Code)			
20 University Road, Suite 460, Cambridge,	MA 02138			Managing Member of
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	□ General and/or □ Managing Partner
Full Name (Last name first, if individual) Turner, Ryan				
Business or Residence Address (Number and	Street, City, State, Zip Code)			
20 University Road, Suite 460, Cambridge,	MA 02138			Managing Member of
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
York, Gwill	C			
Business or Residence Address (Number and				
20 University Road, Suite 460, Cambridge,		D Francisco Officer	Dinasten	Company of district
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code)			

					В. 1	NFORMAT	TION ABO	UT OFFE	RING				
			<u> </u>									Yes	No
1.	Has the	issuer sold	, or does the	issuer inte		to non-accre ver also in A			_		••••••		\boxtimes
2.	What is	the minim	um investme	ent that wil	I be accept	ed from any	/ individual	?				\$	n/a
3.	Does th	e offering p	ermit joint	ownership	of a single	unit?	*****************		*************		·····	Yes ⊠	No
4.	commis offering with a	ssion or sing. If a personate or state	ion requeste milar remur on to be liste es, list the r proker or dea	neration fo ed is an ass name of the	r solicitati sociated per e broker or	on of purc rson or ager dealer. If	hasers in c nt of a brok more than	connection er or dealer five (5) per	with sales registered rsons to be	of securiti with the SI listed are a	es in the EC and/or		
Full	Name (Last name f	īrst, if indiv	idual)									
Bus	iness or	Residence /	Address (Nu	mber and S	Street, City	, State, Zip	Code)						
Nan	ne of As	sociated Bro	oker or Deal	ler								-	
State	es in Wh	ich Person	Listed Has S	Solicited or	Intends to	Solicit Pur	chasers						
((Check "A	All States" (or check ind	ividuals St	ates)				••••••			🗆 A	All States
+	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
١	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name f	irst, if indiv	idual)									
Bus	iness or	Residence A	Address (Nu	mber and S	Street, City	, State, Zip	Code)						
Nan	ne of As	sociated Bro	oker or Deal	ler		•							
State	es in Wh	ich Person	Listed Has S	Solicited or	Intends to	Solicit Pur	chasers		,				
(0	Check "A	All States" o	or check ind	ividuals St	ates)						• • • • • • • • • • • • • • • • • • • •	🔲 A	All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[111]	[ID]
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
1	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (1	Last name f	īrst, if indiv	idual)									
Busi	iness or	Residence A	Address (Nu	mber and S	Street, City	State, Zip	Code)						
Nan	ne of Ass	sociated Bro	oker or Deal	ег					•				
State	es in Wh	ich Person	Listed Has S	Solicited or	Intends to	Solicit Pur	chasers						
(0	Check "A	All States" o	or check ind	ividuals Sta	ates)							🔲 A	All States
1	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
١	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
([RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	
I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	S
	Partnership Interests		\$ 202,000,000.00
	Other (Specify)	\$	\$
	Total		\$ 202,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	202,000,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited Investors	12	\$ 202,000,000.00
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	0	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
			3 0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	ı	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 450,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ 450,000.00

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CE	EDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted grost proceeds to the issuer."	s		\$	399,550,000.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the botto the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	X			
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		S0.00		0.00
	Purchase of real estate		\$0.00		0.00
	Purchase, rental or leasing and installation of machinery and equipment		\$0.00		0.00
	Construction or leasing of plant buildings and facilities		\$ 0.00		0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$0.00		0.00
	Repayment of indebtedness		\$ 0.00		0.00
	Working capital		\$0.00	\boxtimes	399,550,000.00
	Other (specify):			_	0.00
Co	lumn Totals		\$ 0.00	\boxtimes	399,550,000.00

Total Payments Listed (column totals added).....

⊠ \$ 399,550,000.00

D	FFDFR	AI	SIGN	ATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signalure	Date
Lighthouse Capital Partners VI, L.P.	Swell > Josh	5/24/2007
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Gwill E. York	Managing Member of General Partner	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently sub	ject to any of the disqualification provisions of such rule?	Yes	No ⊠						
	See App	pendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish t (17 CFR 239.500) at such times as required by state law	o any state administrator of any state in which this notice	is filed a notice on F	Form D						
3.	The undersigned issuer hereby undertakes to furnish tofferees.	o the state administrators, upon written request, information.	on furnished by the is	ssuer to						
4.	· ·	miliar with the conditions that must be satisfied to be ent notice is filed and understands that the issuer claiming the e been satisfied.								
	e issuer has read this notification and knows the contents ly authorized person.	to be true and has duly caused this notice to be signed on	its behalf by the unde	ersigned						
Issu	uer (Print or Type) Signatur		Date							
Lig	ghthouse Capital Partners VI, L.P.	orl E porh	5/24/2007							
Nai	me (Print or Type) Title (Pri	nt or Type)								

Managing Member of General Partner

Instruction.

Gwill E. York

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5 lification
	non-ac- investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	165	110	interests	HIVESTORS	Amount	Investors	Amount	Tes	140
AK					•	<u> </u>			
AZ									
AR									
CA	 		\$400,000,000.00	i	\$15,000,000.00	0	\$0.00		X
СО									
CT		X	\$400,000,000.00	2	\$15,000,000.00	0	\$0.00		Х
DE									
DC									
FL	<u> </u>							**	
GA									
HI									
ID									
ΙL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD		X	\$400,000,000.00	1	\$25,000,000.00	0	\$0.00		х
MA		X	\$400,000,000.00	2	\$40,000,000.00	0	\$0.00		X
MI									
MN									
MS				-					

APPENDIX

1		2	3			4			5 ification	
	non-ac investor	to sell to credited s in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MO	165	110		investors	Amount	HIVESTOIS	Amount	163	110	
MT										
NE										
NV	+								-	
NH	 									
NJ										
NM						1				
NY		Х	\$400,000,000.00	1	\$25,000,000.00	0	\$0.00		X	
NC		X	\$400,000,000.00	1	\$5,000,000.00	0	\$0.00		Х	
ND										
ОН		х	\$400,000,000.00	2	\$32,000,000.00	0	\$0.00		х	
OK										
OR										
PA		х	\$400,000,000.00	1	\$30,000,000.00	0	\$0.00		Х	
RI		х	\$400,000,000.00	1	\$15,000,000.00	0	\$0.00		Х	
SC										
SD										
TN										
TX										
UT										
VT										
VA				·						
WA										
wv										
WI										

APPENDIX

1	2		3		_	4			5
	Intend to sel non-accredi investors in S (Part B-Iten	ted tate	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		under Sta (if yes, explan waiver	ification ate ULOE attach ation of granted -Item 1)
State	Yes N	0		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									